

# Waiver

## Walk in Memory ♥ Walk for Hope

I understand that I am voluntarily participating in the Walk in Memory, Walk for Hope Community Suicide Prevention Walk at my own risk and my own request. I hereby waive all claims against the Nevada Coalition for Suicide Prevention, sponsors, or any event personnel, paid or volunteer, for any injury that I might suffer in this event. I also grant full permission for the free use of my name, picture, and voice in any broadcast, telecast, print account or any account in any medium used in connection with this event or future events of the Nevada Coalition for Suicide Prevention.

Walk in Memory, Walk for Hope involves walking, an activity which may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic and conditions of the road. It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments, and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in this event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue.

This release and indemnification agreement shall be as broad and inclusive as is permitted by the State of Nevada. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this Agreement.

Participant Signature

Date

If Participant is a minor, the parent or guardian must agree to the below:

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms.

Parent or Guardian of Participant

Date

## Facts About Suicide

- ◆ Nevada has the 4<sup>th</sup> highest rate of suicide in the United States, nearly double the national rate.
- ◆ Suicide is the 11<sup>th</sup> leading cause of death in the United States; the 6<sup>th</sup> leading cause of death for Nevadans.
- ◆ Suicide is the 3<sup>rd</sup> leading cause of death for Nevadans ages 15-24.
- ◆ For every teen that dies by suicide, it is estimated that 100-200 teens have attempted. One of the biggest risk factors for completed suicide is a previous attempt.
- ◆ More people die from suicide than homicide in the U.S.
- ◆ Each suicide leaves at least six to eight bereaved family and friends.
- ◆ Surviving family members not only suffer the grief and trauma of losing a loved one to suicide, but also are themselves at higher risk for suicide and emotional problems.
- ◆ Discussing suicide does not cause someone to die by suicide.

Office of Suicide Prevention  
Nevada Department of  
Health and Human Services

Las Vegas (702) 486-8225  
Reno (775) 688-2964 x249



## Nevada Coalition for Suicide Prevention (NCSP)

*In Partnership with the*

## The Nevada Office of Suicide Prevention

**WALK IN MEMORY**



**WALK FOR HOPE**

## Elko Area Community Walk

**Date:** Saturday, September 12, 2009

**Time:** 8:00 a.m. Registration  
8:30 a.m. Opening Ceremony  
8:00-11:00 a.m. Resource  
and Information Exhibit

**Location:** Elko City Park  
Horizon Hospice Memorial Rose Garden

# Highlights



- ◆ This year's walk is dedicated to the memory of Rena M. Nora, M.D., of Las Vegas, who strongly supported suicide prevention work
- ◆ Resource and Information Exhibit at the Park
- ◆ 3 Mile Community Walk to raise awareness and funds for suicide prevention efforts
- ◆ Memorial for those lost by suicide

If you or someone you know  
is in crisis, please call the  
**National Suicide  
Prevention Lifeline**  
**1-800-273-TALK (8255)**

# Registration

**Register at the Walk or -**

**Mail registration form to:**

**Office of Suicide Prevention**  
1860 E. Sahara Avenue  
Las Vegas, NV 89104  
Fax: 702-486-3533



## Questions:

Please contact Jan Bassier  
(775) 934-6670

Let us remember  
those who have died,  
and work to protect  
those who remain.

# Elko Walkers

*Please complete for each walk participant.*

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

***Suggested Donation: \$20 per person***  
(includes 1 t-shirt)

Please make checks out to NCSP

☐ Individual

☐ Team

*Teams walking in memory of loved ones may enter their team name below to be specially recognized during the ceremony.*

☐ Participating without donation

☐ Sorry, I can't participate; here is a donation of: \_\_\_\_\_

**Walk T-shirts available for \$10 while supplies last**

☐ I would like to purchase \_\_\_\_ t-shirts

☐ I would like to become a member of the NCSP - \$25 per year (forms at walk)

## **ALL WALKERS WELCOME!**

All Donations Gratefully Accepted  
NCSP is a 501(c)(3) non-profit organization  
All donations are tax deductible:  
EIN # 57-1237431

**All walkers must sign a waiver**